Claim Transmittal Form

	Subm	nission Date:	12-6-04
TO: Balboa In Attn: Ima PO Box 19 Irvine, Ca	ging	704	
From: Eagle A Ken Co	Adjusting le		
Phone: 877-839. Fax: 877-839.			
Claim: C W Lender: Insured/Borrower Prop. Address:	Countrywide	8 1 8 , Home Loans ord	0 1
Date of Loss: Peril/Loss Type:	City: Troy 9-15-04 Hurricane Fran	St/Zip: AL	/ 36081
Balboa Adjuster:	Kirby McCartn	ey	
	RM MUST BE ORRESPONDE OA INSURAN	NCETA	LL

Rev. 041904

Ĩ	Eagle			Claim Re	port
Adju	sting Services		REPORT DATE: 12/12/2004	status: Final	NEXT REPORT:
P.O. Bo	pox 40878 polis, IN 46240		CW5172818	3-01	
Office: 8	877-839-8152 77-839-8151		POLICY # CW5172818		
		•	POLICY ISSUED: 7/2/2004	POLICY EXPIRES: 7/2/2005	DATE OF LOSS: 9/15/2004
A	Balboa Insurance Co. ATTN Kirby McCartney				
	P.O. Box 19702 rvine, CA 92623		ADJUSTER: Ken Cole		
	Insured: Country Wide Home loans Loss Address: 415 Ice Street		ADJUSTER PHONE: 866-894-9344	1	er fax: 478 - 3913
	Troy, AL		ASSIGNED: 11/24/2004	CONTACTED: 12/6/2004	INSPECTED: 12/6/2004
Coverage Building Forms:	·	·	Limit 23,000.00	Deductible 1,000.00	Reserve \$0.00
	Structure Type: Dwelling	Оссі	upancy: Resid	dence (Primar	y)
	Hurricane Damage				
	s/Limitations No exclusions or limitations noted				
Subrogatio	on/Salvage None available				
Loss Sum Building	•	RC 2,175.32	Recov. Dep 752.82	Nonrecov. Dep 439.88	ACV 982.62
Totals		2,175.32	752.82	439.88	982.62
		Maxin	num Recoverable De _l	preciation	752.82
				otal Loss	1,735.44
			Less Deductibl	e Applied	1,000.00
			To	otal Claim	735.44
Enclosures					
	☑ Estimates☐ Proof of Loss☐ Contents Worksheet☐ Statement of Loss	✓ Photos ✓ Diagrams	Invoice s Other:		
Pomarko					

Remarks

We met with the Roy Brooks at this home. We were shown a home that has been condemmed by the county. The date the home was condemmed was after the storm but it appears that the home has not been lived in for several years. The interior of the home was in very very poor condition. The wallpaper (sticky back paper) was falling down. The drywall in the inside of the home was old and coming apart. The flooring was weak and falling down.

The above mentioned items are not being figured on the repair estimate. It is our feelings that the above mentioned items were going on before the storm. The condition of the inside was very bad.

The insured said he already inspected the roof and he found no damage to the roof. We then noted the windows that were broken. We found 5 broken windows. However, we feel only two might have been broken during the storm. The other window panes appearred to have been broken long before.

Created by PowerClaim (TM), 1-800-736-1246

Filed 03/15/2007



P.O. Box 40878 Indianapolis, IN 46240 Office: 877-839-8152 FAX: 877-839-8151

File No. 04-21295		Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/200		ister n Cole	
Insured		Address	03/10/2004	Office	Home	1 110	FAX	
Country Wide Home loa	ns	415 Ice Street Troy, AL						
Loss Address		415 Ice Street Troy, AL		-				
Contact		Address					FAX	
Claimant		Address					FAX	
Building					Limit: \$23	,000.00) Deductible:	\$1,000.00
Living Room		Floor 15.89 SY Wall 379.2 SF	Ceiling 143	SF Floor Perim. 48	FT Ceiling F	erim. 4	8 FT	
Room-standard Len	igth	11 FT Width 13 FT Heigh						
Operation Qty	Unit	Description		Cos	st :	RC	DEP	ACV
•	3 SF	5/8" Drywall, with machine textur	e	. 1.	37 19	5.91	97.96	97.95
	SF	Drywall or Plaster, 2 coats				0.07	35.03	35.04
Replace 160.16 Note: no pad present		Carpet, economy grade		2.	07 33	1.53	232.07*	99.46
Replace 1	I EA	Light fixture bowl shade or globe,	, economy gi	rade 13.	15 1	3.15	3.94	9.21
Living Room Totals:						0.66	369.00	241.66
Bedroom 1		Floor 10 SY Wall 300.2 SF C		Floor Perim. 38 FT				241.66
Bedroom 1	ngth	Floor 10 SY Wall 300.2 SF C		Floor Perim. 38 FT				241.66
Bedroom 1 Room-standard Len Operation Qty Replace 90	ngth Unit SF		nt 7.9 FT	Cos	Ceiling Perim			241.66 ACV 61.65
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note:	Unit	10 FT Width 9 FT Height Description	nt 7.9 FT	Cos 1.	Ceiling Perimeter st 37 12	n. 38 F1 RC	DEP	ACV
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8	Unit SF SF SF	Description 5/8" Drywall, with machine texture	nt 7.9 FT	Cos 1.	Ceiling Perimest 37 12	n. 38 FT RC 23.30	DEP 61.65	ACV 61.65
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8 Note: no pad present	Unit SF SF SF	Description 5/8" Drywall, with machine textur Drywall or Plaster, 2 coats	nt 7.9 FT	Cos 1. 0. 2.	Ceiling Perimest 37 12 49 49 20 20	n. 38 F1 RC 23.30	DEP 61.65	ACV 61.65
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8 Note: no pad present	Unit SF SF SF	Description 5/8" Drywall, with machine textur Drywall or Plaster, 2 coats Carpet, economy grade	nt 7.9 FT	Cos 1. 0. 2.	Ceiling Perim st 37 12 49 2 07 20	n. 38 F1 RC 23.30 14.10 08.66	DEP 61.65 22.05 146.06*	ACV 61.65 22.05 62.60
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8 Note: no pad present Replace 1 Bedroom 1 Totals:	Unit SF SF SF	Description 5/8" Drywall, with machine textur Drywall or Plaster, 2 coats Carpet, economy grade Light fixture bowl shade or globe	nt 7.9 FT	Cos 1. 0. 2.	Ceiling Perim st 37 12 49 2 07 20	n. 38 F1 RC 23.30 14.10 08.66	DEP 61.65 22.05 146.06*	ACV 61.65 22.05 62.60 9.21
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8 Note: no pad present Replace 1 Bedroom 1 Totals:	Unit SF SF SF	Description 5/8" Drywall, with machine textur Drywall or Plaster, 2 coats Carpet, economy grade	nt 7.9 FT	Cos 1. 0. 2.	Ceiling Perim st 37 12 49 2 07 20	n. 38 F1 RC 23.30 14.10 08.66	DEP 61.65 22.05 146.06*	ACV 61.65 22.05 62.60 9.21
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8 Note: no pad presen: Replace 1 Bedroom 1 Totals: Exterior Exterior	Unit) SF) SF 3 SF t 1 EA	Description 5/8" Drywall, with machine textur Drywall or Plaster, 2 coats Carpet, economy grade Light fixture bowl shade or globe Area 24 SF 6 FT Width 4 FT Walls	nt 7.9 FT	Cos 1. 0. 2. rade 13.	Ceiling Perimest 37 12 49 2 07 20 15 38	RC 23.30 44.10 08.66 13.15	DEP 61.65 22.05 146.06* 3.94 233.70	ACV 61.65 22.05 62.60 9.21
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8 Note: no pad present Replace 1 Bedroom 1 Totals: Exterior Exterior Qty Operation Qty	Unit OSF OSF OSF OSF OSF OSF	Description 5/8" Drywall, with machine textur Drywall or Plaster, 2 coats Carpet, economy grade Light fixture bowl shade or globe Area 24 SF	nt 7.9 FT re , economy g	Cos 1. 0. 2. rade 13.	Ceiling Perimest 37 12 49 4 07 20 .15 38	n. 38 F1 RC 23.30 14.10 08.66	DEP 61.65 22.05 146.06*	ACV 61.65 22.05 62.60 9.21
Bedroom 1 Room-standard Len Operation Qty Replace 90 Note: Paint 90 Replace 100.8 Note: no pad present Replace 1 Bedroom 1 Totals: Exterior Exterior Qty Replace 25.2	Unit) SF) SF 3 SF t 1 EA	Description 5/8" Drywall, with machine textur Drywall or Plaster, 2 coats Carpet, economy grade Light fixture bowl shade or globe Area 24 SF 6 FT Width 4 FT Walls Description	nt 7.9 FT re , economy g	Cos 1. 0. 2. rade 13.	Ceiling Perim st 37 12 49 2 07 20 15 38 st 52 1	RC 23.30 14.10 18.66 13.15 139.21	DEP 61.65 22.05 146.06 3.94 233.70	ACV 61.65 22.05 62.60 9.21 155.51

2818-01	lo. CW517	Claim I						Estimate
	Adjuster Ken Cole	Report Date 12/12/2004		Report Final	Date of Loss 09/15/2004	Policy No. CW5172818		File No. 04-21295
,								General
ACV	DEP * *	RC	Cost			Description Tax rate 5% Hurricane Ivan inspection date 12-8-04	Qty Unit	Operation
0.00	0.00	0.0						General Totals:
ACV	DEP	NF	R DEP		RC			
804.53	78.13	3	609.15		1,791.81	Subtotal		
74.18	23.20		60.94		158.32	Overhead		•
74.18	23.20		60.94		158.32	Profit		
. 29.73	15.35		21.79		66.87	Tax		
982.62	39.88	4	752.82		2,175.32			Building Loss:
982.62	9.88	4:	752.82)	2,175.32		-	Totals:
752.82	1	le Depreciatio	n Recoverab	Maximum	7			
1,735.44	5	Total Los						
1,000.00	1	uctible Applie	Less Ded					
735.44	า	Total Clair						
735.44	า	le Depreciatio	Recoverab	Less				
0.00	1	ACV Clair						

Notice: All estimates are subject to review and final approval by your Insurance Company

If you wish to make a claim for the amounts deferred, you must do THREE things:

- 1. You must tell us within 180 days from the date of your loss you intend to repair/replace the item(s)/part.
- 2. You must have the item(s)/part replaced or repaired within one year from your date of loss.
- 3. You must submit a final repair bill or purchase receipt showing the items(s)/part has been repaired/replaced.

If you wish, you may repair/replace with higher quality items, but we will only pay the amount deferred to you. If the repair/replacement to you is less than the estimated REPLACEMENT COST VALUE in the estimate, we will only pay the difference between your cost, less the ACTUAL CASH VALUE previously paid you.

^{***}If Replacement Cost Coverage Applies***



P.O. Box 40878 Indianapolis, IN 46240 Office: 877-839-8152 FAX: 877-839-8151

File No.	Policy No.	Date of Loss	Report	Report Date	Adjuster	
04-21295	CW5172818	09/15/2004	Final	12/12/2004	Ken Cole	
Insured Country Wide Home loans	Address		Office	Home	FAX	
Country Wide Home toans	415 Ice Street Troy, AL					
Loss Address				······································		
	415 Ice Street Troy, AL				•	
Contact	Address				FAX	
Claimant	Address				FAX	
Building				Limit: \$23,00	0.00 Deductible:	\$1,000.00
Living Room	Floor 15.89 SY Wall 379.	2 SF Ceiling:143	SF Floor Perim. 48 F	T Ceiling Peri	m 48 FT	
Room-standard Lengt				, , , , , , , , , , , , , , , , , , , ,	,	
Operation Qty U			Cost	D.0	DED	A 014
Replace 143 S		exture	1.3			ACV 97.95
Note:	ore brywaii, marmaerime t	CALCIC	. 1.5	190.	. 97.90	91.93
Paint 143 S	F Drywall or Plaster, 2 coats		0.4	9 70.0	07 35.03	35.04
Replace 160.16 S			2.0	7 331.5		99.46
Note: no pad present						
Replace 1 E	EA Light fixture bowl shade or g	globe, economy gr	ade 13.1	5 13.	15 3.94	9.21
Living Room Totals:				610.6	369.00	241.66
Bedroom 1	Floor 10 SY Wall 300.2 S	T Calling 00 CF	Flora Davina 20 FT (2.25. 2.4. 0	0.57	
Room-standard Lengtl			Floor Pellin. 36 FT	Jelling Penm. 3	8 F I	
		reight 7.511				
Operation Qty U	•		Cost			ACV
Replace 90 S Note:	F 5/8" Drywall, with machine to	exture	1.3	7 123.3	80 61.65	61.65
Paint 90 S	F Drywall or Plaster, 2 coats		0.49	9 44.	10 22.05	22.05
Replace 100.8 S	•		2.0			62.60
Note: no pad present						
Replace 1 E	A Light fixture bowl shade or g	ilobe, economy gr	ade 13.1	5 13.1	15 3.94	9.21
Bedroom 1 Totals:		· · · · · · · · · · · · · · · · · · ·		. 389.2	21 233.70	155.51
·						
Exterior	Area 24 SF					
Exterior wall Height		Walls 1				
			~ .			
Operation Qty U Replace 25.2 S	•	and Office Aft	Cost			ACV
Replace 25.2 S			4.53 339.03			68.34
	Trood double-fluing William,	OU WING , 40 Idl	338.0	_ 0/0.0	JH JJJ.UZ	339.02
Exterior Totals:				791.9	384.58	407.36

Estimate			 						2818-01
File No. 04-21295		Policy No. CW5172818	Date of Loss 09/15/2004	Report Final		Report Date 12/12/2004	Adjuster Ken C		
General									
Operation	Qty Unit	Description			Cost	RC	:	DEP	ACV
		Tax rate 5%						*	
		Hurricane Ivan			•			*	
		inspection date 12-8-04						*	
General Totals:					0.0	00	0.00	0.00	
			RC		R DEP	NF	RDEP		ACV
		Subtotal	1,791.81		609.15	. 3	78.13		804.53
		Overhead	158.32		60.94		23.20		74.18
• .		Profit	158.32		60.94		23.20		74.18
		. Tax	. 66.87		21.79		15.35		29.73
Building Loss:			2,175.32		752.82	4	39.88		982.62
Totals:			2,175.32	2	752.82	4:	39.88		982.62
				Maximum	Recoverab	e Depreciatio	n		752.82
						Total Los	s		1,735.44
					Less Ded	uctible Applie	ed		1,000.00
						Total Clai	m		735.44
				Less	s Recoverab	le Depreciatio	n		735.44
						ACV Clai	m		0.00

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^{***}If Replacement Cost Coverage Applies***



P.O. Box 40878 Indianapolis, IN 46240 Office: 877-839-8152 FAX: 877-839-8151

Diag	ram	She	eet

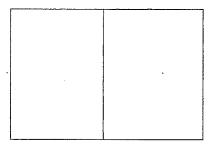
Claim No. CW5172818-01

File No. 04-21295	Policy No. CW5172818		Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
Insured		Contact			Claimant	
Country Wide Hon						

Diagram 01

east

30'



16'

Description overview of home Comment

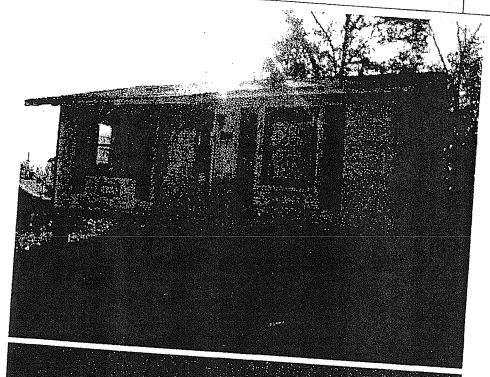
Created by PowerClaim (TM), 1-800-736-1246



P.O. Box 40878 Indianapolis, IN 46240 Office: 877-839-8152 FAX: 877-839-8151

Photo Sheet

File No. 04-21295 Policy No. CW5172818 Date of Loss 09/15/2004 Final Report Final Report Date 12/12/2004 Report Date 12/12/2004 Country Wide Home loans



Picture 01

Date 12/9/2004

Description

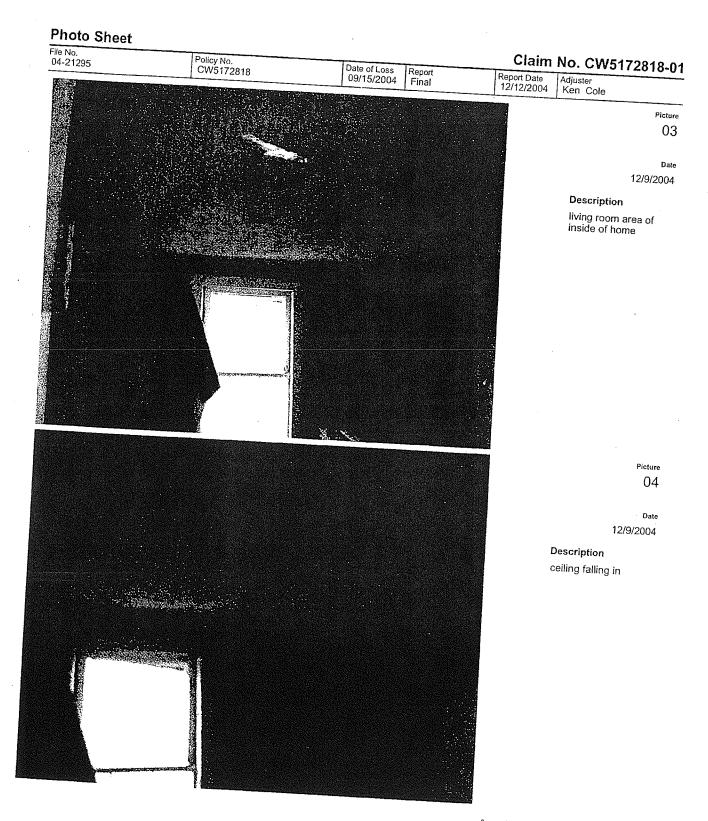
This is the front of this home,

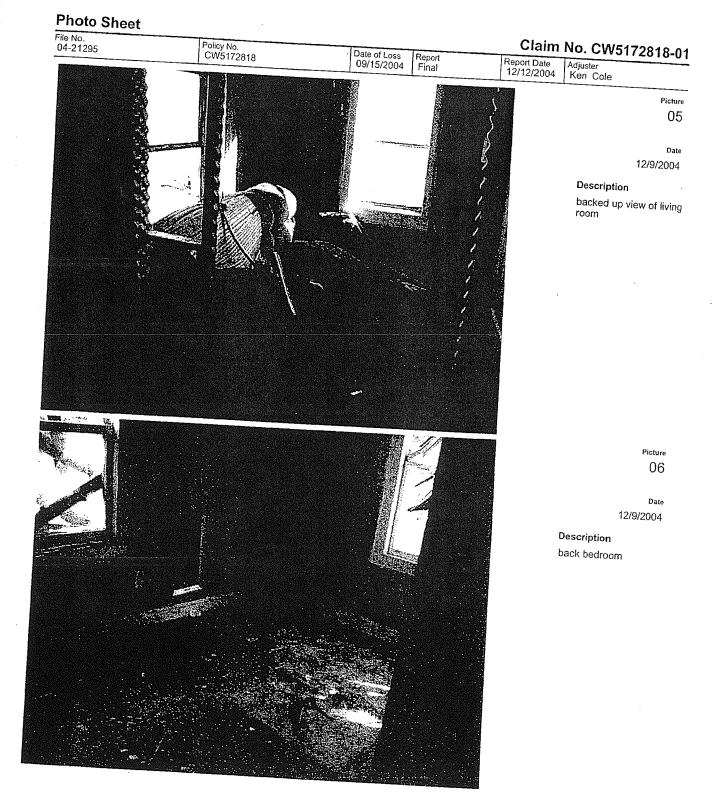
Picture 02

Date 12/9/2004

Description

paneling falling down on inside of home



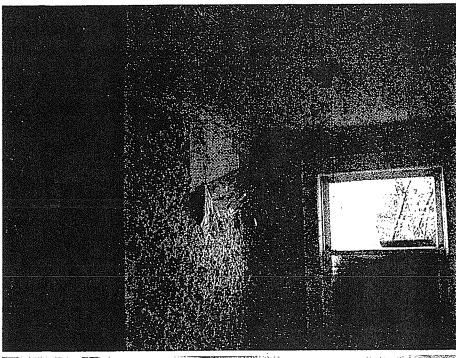


Claim No. CW5172818-01

File No. 04-21295 Policy No. CW5172818 Date of Loss 09/15/2004 Report Final Report Date 12/12/2004 Adjuster Ken Cole Picture 07 Date 12/9/2004 Description bedroom ceiling Picture 80 Date 12/9/2004 Description bath room,

Claim No. CW5172818-01

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Final	12/12/2004	Ken Cole
	<u></u>	L	J		



Picture 09

Date 12/9/2004

Description

bath wallpaper, backed, shows broken window



Picture 10

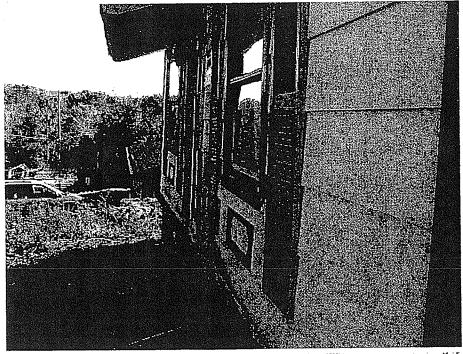
Date 12/9/2004

Description kitchen cabinet,

Photo Sheet Claim No. CW5172818-01 File No. 04-21295 Policy No. CW5172818 Date of Loss 09/15/2004 Report Final Report Date 12/12/2004 Adjuster Ken Cole Picture 11 Date 12/9/2004 Description back of home, Picture 12 Date 12/9/2004 Description broken window

Claim No. CW5172818-01

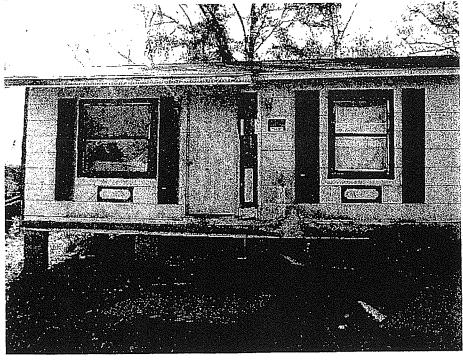
Report Date 12/12/2004 Adjuster Ken Cole File No. 04-21295 Policy No. CW5172818 Date of Loss 09/15/2004 Report Final Picture 13



Date 12/9/2004

Description

front where porch was, steps and small deck



Picture 14

Date 12/9/2004

Description again, front of home,

Claim No. CW5172818-01

ile No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
					Pictur
			2 7 2		15
					Dat
					12/9/2004
			10.00		Description
		!			broken window in fron
			7 1		of home
		HACOLOGI B			
					•
			* * * * * * * * * * * * * * * * * * *		



Service Invoice

Date: 12/9/2004

Bill To

Balboa Insurance Co. P.O. Box 19702 Irvine, CA 92623 Office: 800-323-7466 FAX: 626-927-4629

Billed From

Eagle Adjusting Services, Inc. P.O. Box 40878 Indianapolis, IN 46240 Office: 877-839-8152 FAX: 877-839-8151

Claim Information

					\$254.50
				\$0.50	\$4.50
Total		9.00		\$250.00	\$250.00
Photographs after 6 free		1.00	-	¢250.05	
Adjuster fee		Quantity	Unit	Rate	Ext. Cost
Description	Emp. ID No.:	35-2072320		Deductions: ACV:	\$1,192.70 \$982.62
File No.: 04-21295 Claim No.: CW5172818-01 Policy No.: CW5172818	Insured: Agency: Adjuster SSN:	Ken Cole	de Home Ioans	Loss Date: Loss Cause: RC:	9/15/2004 Hurricane/Mon \$2,175.32

Foolo	•		Claim Rep	ort	
Eagle Adjusting Services		REPORT DATE: 12/5/2004	status: First	NEXT REPORT:	
P.O. Box 40878 Indianapolis, IN 46240		CW5172818	3-01		
Office: 877-839-8152	•	POLICY # CW5172818			
FAX: 877-839-8151		7/2/2004	POLICY EXPIRES: 7/2/2005	DATE OF LOSS: 9/15/2004	
To: Balboa Insurance Co. ATTN Kirby McCartney		FILE NO: 04-21295			
P.O. Box 19702 Irvine, CA 92623		ADJUSTER: Ken Cole			
RE: Insured: Country Wide Home loans		ADJUSTER PHONE: 866-894-9344	ADJUSTE 812-4	R FAX: 78-3913	
Loss Address: 415 Ice Street Troy, AL		ASSIGNED: 11/24/2004	CONTACTED: 12/6/2004	INSPECTED: 12/6/2004	
Coverage Building Forms: DP3		Limit 23,000.00	Deductible 1,000.00	Reserve \$0.00	
Risk Structure Type: Dwelling	Occu	pancy: Res	idence (Primary	′)	
Origin Hurricane Damage					
Exclusions/Limitations No exclusions or limitations noted					
Subrogation/Salvage None available					
Loss Summary Building	RC 0.00	Recov. Dep 0.00	Nonrecov. Dep	ACV 0.00	
Totals	0.00	0.00 Less Deducti	0.00 ble Applied	0.00	
•					
Enclosures	☐ Photos	☐ Invoice			
Remarks We are inspecting this property on Monday Dec. 6-04.			:		
We will report as soon as possible after this.				1	
Ken Cole					

Created by PowerClaim (TM), 1-800-736-1246